



## AQUATICS OFFICE Swimming Pools Group Swimming Request Summer 2016

Aquatics Contact: Kim Porter, 336-373-3268, kim.porter@greensboro-nc.gov

To request pool time for your group, please complete and return this form through email or mail to Parks and Recreation Dept., Attn. Kim Porter, 1001 Fourth St. Greensboro NC 27405. Requests will generally be processed on a first-come, first-served basis. Groups will receive written confirmation of their reserved times from the Aquatics Office. Each group will have a maximum of 1½ hours to swim on the date(s) that they are scheduled to swim. Contact the respective Aquatics Contact for any additional group swim requests. All questions concerning pools before the season begins should be directed to the Aquatics Contact listed above.

Day cares and other external groups using the pool are to pay upon arrival at the facility (\$1 per child under 12 and \$2 per 13 and over) entering the facility (swimming or not).

Group / Organization Name:

Mailing Address:						
City / State / Zip:						
Contact Person:						
Contact Number(s):						
E-Mail Address:						
DESIGNATED GROUP SWIMMING TIMES						
Outdoor Pools						
<b>Lindley Pool</b> , 2914 Springwood Dr. Tuesday, Wednesday, Thursday, and Friday 10-11:30 am				Monday, Wednesd	<b>Peeler Pool</b> , 1300 Sykes Ave. Monday, Wednesday, Thursday, and Friday 10- 11:30 am or 11:30 am to 1 pm	
· · · · · · · · · · · · · · · · · · ·				Monday, Tuesday,	Warnersville Pool, 601 Doak St. Monday, Tuesday, Thursday, and Friday 10-11:30 am or 11:30 am to 1 pm	
*Afternoon times may be available upon request.						
FIRST CHOICE						
Pool:	Check One:	Lindley Pool	Windsor Poo	Peeler Pool	Warnersville Pool	
Day:						
Time:						
Specific Dates if Needed:						
Total Number of Children: Tot			Т	otal Number of Counse	al Number of Counselors:	
SECOND CHOICE, if applicable – (your selection if your first choice is not available)						
Pool:	Check One:	Lindley Pool	Windsor Poo	Peeler Pool	Warnersville Pool	
Day:						
Time:	ne:					
Specific Dates if Needed:						
Total Number of Children:				Total Number of Counselors:		
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